E&P ORGANIZATION REPORT	REGISTRATION FEE *\$0.00 nitial filing, Annual Refiling, Org		EP 2011 FORM OR-1
FOR OFFSHORE/O	UT-OF-STATE OPERATORS and (	COMMERCIAL DISPOSAL FACILITIES O	DNLY
Purpose of Filing ( ) Initial Filing ( ) Annual Refiling ( ) Organization Name Change	( ) Change of Address/Co Please indicate if any		2. OOC Code Number
Type of Operation ( ) Offshore/Out-Of-State Operation ( ) Ope		Disposal Operator (Type A, Type B, or Transfer Station)	3a. Initial Date of LA Operation
4. Current Plan of Organization (Select ONE ONLY)  ( ) Corporation - State where incorporated: ( ) Individual ( ) Trust ( ) Partnership	( ) Joint Venture ( ) Other - Identify		
6a. Organization - Name & Mailing Address (Must be ent	tered)	6b. Emergency Contact Address (if write "SAME")	address is same as in box 6a.,
Contact Person for Organization: Phone No.: Fax No.:		Contact Person for Emergency: Phone No.: Fax No.:	
E-Mail Address:		E-Mail Address:	
7. Address to which Environmental		Contact Person for Reporting:	
correspondence should be directed		Phone No.:	
		Fax No.:	
		E-mail Address:	
8. Three Primary Officers (Only one nece	essary if individual)		
(1) Name:		Title:	
Address:  (2) Name: Address:		Title:	
(3) Name: Address:		Title:	
Complete Page 2 for COMPLIANCE CORRESPONDS	ENCE/ENVIRONMENTAL DIVI	SION CORRESPONDENCE (see in	nstructions).
10. If a change of organization name, give previous name			pany name change:
Name: 11. Each registered organization shall notify this Office, i	No.:	Eff. Date:	nder any Chanters of
Title 11 (Bankruptcy) of the United States Code (11 U.S.)			
CERTIFICATE: I DECLARE UNDER PENALTIES AS PRESCRIBED IN LRS 30:17, THAT I AM AUTHORIZED TO MAKE THIS REPORT, THAT THIS REPORT WAS PREPARED BY ME OR UNDER MY SUPERVISION AND DIRECTION, AND THAT DATA AND FACTS STATED THEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			
PRINTED NAME	TITLE	D/	ATE
SIGNATURE	TELEPHONE No.:		
FOR OOC USE ONLY			
DATE: AF	PPROVED BY:	PAID CHECK NO.	

## FOR OFFSHORE/OUT-OF-STATE OPERATORS and COMMERCIAL DISPOSAL FACILITIES ONLY

## **INSTRUCTIONS**

EP 2011 Form OR-1: Organization Report Registration Fee \$0.00

WHO IS TO FILE FORM OR-1: Each entity performing operations within the jurisdiction of the Office of Conservation must file annually. A separate Form OR-1, and appropriate fee (if applicable), must be filed for each type of operation.

WHEN TO FILE FORM OR-1: Form OR-1 must be filed and be approved prior to initial date of operation by any entity with whom the Office of Conservation has jurisdiction or must be filed when the organization name, contact person, officer and/or any address listed on approved Form OR-1 is being changed. Initial filing shall be valid for the first calendar year.

Form OR-1 must be re-filed annually by the date specified. The Office of Conservation will provide a renewal notice by mailing a blank Form OR-1. Update any changes by entering them in the proper areas: where no changes occur, enter the word "SAME". SIGN and DATE the OR-1 and return to the Office of Conservation in Baton Rouge by the date required.

## SPECIFIC ITEMS ON FORM OR-1:

- 1. Check the proper block to show the purpose of filing.
- 2. Your permanent code number is assigned upon initial filing of your OR-1. If you change your organization name, a new number will be assigned, do not give your previously assigned OOC Code Number in this space (See No. 10).
- 3. Check proper block to show type of operation. A separate Form OR-1, and appropriate fee, must be filed for each type of operation.
  - 3a. Please indicate the Initial Date of Operation in Louisiana.
- 4. Check the appropriate plan of organization. Select one only.
- 5. **COMPANY'S FEDERAL TAX ID NUMBER MUST BE LISTED.** The information provided will be used solely for the administration and enforcement of the laws pertaining to the Office of Conservation.
- 6. This is the official name of your organization as carried on Office of Conservation records. ADDRESS, (a) ALONG WITH CONTACT PERSON FOR ORGANIZATION CORRESPONDENCE AND (b) AN EMERGENCY CONTACT, PHONE NUMBER, ETC ARE REQUIRED PURSUANT TO R.S. 30:4B. ALL OF THIS INFORMATION MUST BE PROVIDED.
  - 6a. and 6b. **NAME AND ADDRESS INSTRUCTIONS:** Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.
- 7. Address to which Production Audit reporting correspondence should be directed, give Contact Person, telephone number, fax number, and e-mail address.
- 8. List **ONLY** the **THREE** highest ranking officers of the organization and give their full legal name (**AGENTS NOT ACCEPTABLE**). Do not attach a listing of any others.
- 9. Complete Page 2 as an option of organization address for Field Compliance/Injection and Mining/Environmental Division Correspondence. Otherwise, such correspondence will be directed to the address provided at No. 6A. Each name and address line is limited to 30 spaces in length. Each name is limited to one line, while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.
- 10. If you have changed your organization name, give the previous name of the organization, as well as the previously assigned OOC Code Number.

IF YOU HAVE ANY QUESTIONS PLEASE CALL DARYL WILLIAMS AT (225) 342-7286.

RETURN TO:
DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION
ENVIRONMENTAL DIVISION - DARYL WILLIAMS
P.O. BOX 94275
BATON ROUGE, LA. 70804-9275

Office of Conservation	n (OOC) Code Number:
Organization Name:	
(To be comp	leted by Operators of Oil and Gas Wells and Oilfield Pits)
Form Comp., Form E	H COMPLIANCE CORRESPONDENCE (Field, Form WH-1, Eng-16, Form P & A, Work Permit, Form AD, Directional Survey, DT-1, etc) SHOULD BE DIRECTED:
CONTACT PERSON:	
PHONE NUMBER:	AREA CODE NUMBER
E-MAIL ADDRESS:	AREA CODE NUMBER
	by Operators that possess a Class II, III and V Injection/Disposal Permit) H INJECTION & MINING CORRESPONDENCE SHOULD BE
CONTACT PERSON:	
PHONE NUMBER:	AREA CODE NUMBER
FAX NUMBER: E-MAIL ADDRESS:	AREA CODE NUMBER
(To be completed	by Operators that possess a Class II, III and V Injection/Disposal Permit)
ADDRESS TO WHIC DIRECTED:	H ENVIRONMENTAL DIVISION CORRESPONDENCE SHOULD BE
CONTACT PERSON:	
PHONE NUMBER:	/ AREA CODE NUMBER
FAX NUMBER:	AREA CODE NUMBER
E-MAIL ADDRESS:	

## INSTRUCTIONS:

This form is to be filed <u>annually</u>. Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.